

U.S. Senator John Edwards
Constituent Assistance Form

PRIVACY ACT OF 1974 (Public Law 93-579)

The Federal Privacy Act prohibits the disclosure of confidential information concerning your affairs without your written authorization: If you wish for Senator John Edwards' office to make an inquiry on your behalf, complete the authorization form below and return it to:

Senator John Edwards
301 Century Post Office Building
300 Fayetteville Street Mall
Raleigh, NC 27601
FAX (919) 856-4408

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____ hereby authorize Senator John Edwards to obtain confidential
(name)
information from _____ concerning me/us involving the matter
(government agency/office)
outlined below.

Signature _____ Date _____

Briefly describe your concern. Please use the back or attach any additional information.

Please Print

Name: _____

Address: _____

Phone: (Daytime) _____ (Evening) _____

Please supply the following data (if applicable):

Social Security Number: _____ Date of Birth: _____

Alien Registration Number: _____ VA Claim Number: _____

Other (please identify): _____